

VACCINE RETURN AND ADJUSTMENT FORM

KENTUCKY DEPARTMENT FOR PUBLIC HEALTH VACCINES FOR CHILDREN (VFC) PROGRAM

PIN: _____

ADJUSTMENT MONTH/YEAR: ____/____

PROVIDER NAME: _____ TELEPHONE NUMBER: (____) _____

ADDRESS: _____

PERSON PREPARING FORM: _____ DATE PREPARED: ____/____/____

Vaccine Type and Manufacturer	Lot Number	Expiration Date	*Adjustment Code (See Below)	Adjustment Amount in Doses
Vaccine: _____ Manufacturer: _____				
Vaccine: _____ Manufacturer: _____				
Vaccine: _____ Manufacturer: _____				
Vaccine: _____ Manufacturer: _____				
Vaccine: _____ Manufacturer: _____				
Vaccine: _____ Manufacturer: _____				

*ADJUSTMENT CODES/REASONS

(Choose **one** of the following codes)

For the following codes (3-12) place a copy of this form WITH the vaccine you are returning AND fax a copy to the VFC program immediately: VFC Program Fax # (502) 564-4760.

- 3 Vaccine spoiled for a reason other than improper storage upon receipt of vaccine or refrigerator failure
- 4 Vaccine expired before it was completely used by the provider
- 5 Vaccine was lost or damaged during shipment to the provider
- 6 Vaccine was improperly stored upon receipt and spoiled
- 7 Refrigerator failed and the vaccine spoiled
- 8 Provider transferred viable vaccine to another provider (If you are transferring vaccine **FROM** your agency **TO** another location. Enter the name, address, and PIN number of the agency receiving the vaccine)
- 11 Vaccine was lost or cannot be accounted for in the provider inventory
- 12 Vaccine was not viable for some reason other than spoiled, expired, or lost/damaged

Name of the site **RECEIVING** vaccine from you: _____ PIN: _____

Address of the site **RECEIVING** vaccine from you: _____

Signature of the Person Receiving Vaccine: _____ Date: _____

INSTRUCTIONS

Transfer of vaccine between agencies requires prior approval from the Kentucky Immunization Program.

Use this form for any adjustments to vaccine inventory. Before returning any vaccine to the address below, please contact the Kentucky Immunization Program Office at (502) 564-4478 for packaging instructions.

1. Enter your Personal Identification Number (PIN) assigned by the Vaccines for Children (VFC) Program upon joining the program.
2. Enter the Month and Year the return/adjustment occurred.
3. Enter the Provider or Facility name.
4. Enter the Telephone number of the Provider or Facility.
5. Enter the Provider or Facility address.
6. Enter the name of the person completing the form.
7. Enter the date the form is completed.
8. Enter the vaccine type, manufacturer, lot number and the expiration date of the vaccine requiring inventory adjustment.
9. Enter an adjustment reason/code from the list provided. (Enter only ONE code)

*Vaccines being transferred from you to another provider (Code 8) requires you to enter the name and address of the provider receiving vaccine from you.
10. Enter the number of doses requiring inventory adjustment.
11. FAX this form to the VFC Program at (502) 564-4760.
12. The Immunization Program will mail a postage paid label to your agency if returning expired or wasted vaccine.

DO NOT MAIL VACCINE TO THE KENTUCKY VFC PROGRAM